

Statutory Disability and Paid Family Leave Laws

Summaries by Jurisdiction

Revised as of 10/22/2020

Keeping up to date and compliant with the ever-growing collection of federal, state and other disability and paid family leave laws is no simple task. In fact, it can be a full-time job. Failure to abide by relevant laws and regulations can expose companies, and in some cases supervisors and managers personally, to fines, lawsuits and other penalties.

To provide you with the most current, detailed and accurate information about these many statutes and regulations, Reliance Standard and Matrix Absence Management employ dedicated legal and regulatory compliance experts who monitor, compile and share information and insights to help you stay on track.

Assembled here, and organized by federal, state and/or territorial jurisdiction, are summaries of the various statutory disability, state temporary disability plans and state paid family leave laws. Simply click on the pertinent link below and you'll be taken to a document containing a clear distillation of the core provisions of the various plans in that jurisdiction as we understand them to date.

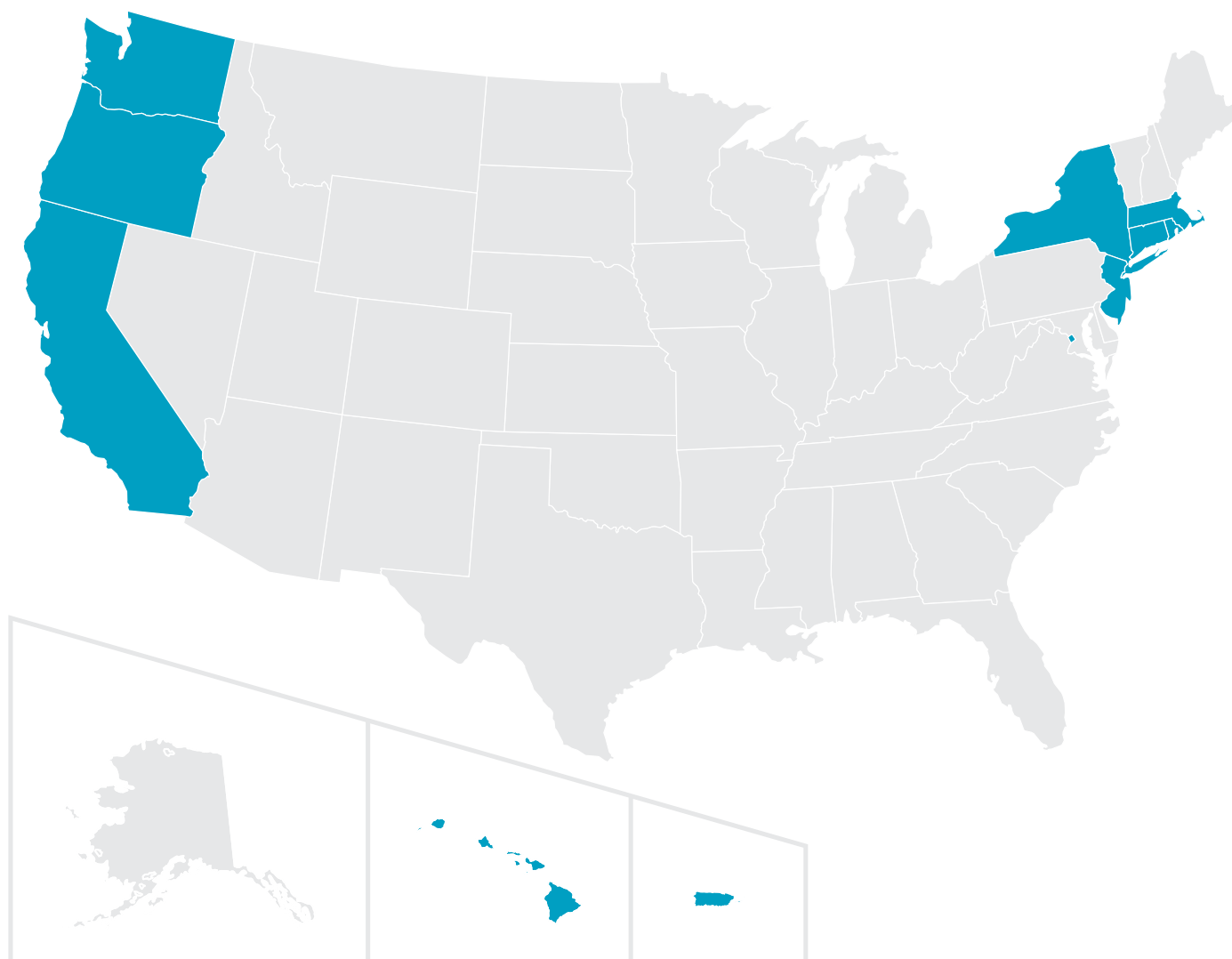
The information collected here is updated as often as warranted and as practical. However, to ensure you have the most current information on any particular geography, as well as commentary on the various plans and statutes, we encourage you to visit the [Matrix Radar blog](#), our channel for sharing our thoughts and research on industry developments, legislative updates and other topics of interest to partners and friends.

Similarly, rather than printing out the pages on this site, it's best to always consult the site itself, as it will always be your most updated reference resource.

If you have questions or would like assistance from Reliance Standard and Matrix to help your organization comply with these statutes and regulations, please contact your local account manager or Reliance Standard sales representative.

These statutory disability and paid family and medical leave summaries are provided for informational purposes only. Reliance Standard makes every effort to keep this document up-to-date but makes no representations or warranties concerning the accuracy of the information and assumes no liability or responsibility for the same. Reliance Standard recommends that clients consult their own legal counsel for advice.

Please click below for each jurisdiction's specific laws or requirements



Family and Medical Leave Act

Although unpaid, FMLA overlaps with other leave laws

Effective Date	1993
Employee Eligibility	12 months of service <ul style="list-style-type: none"> • 1250 hours worked • At a worksite with 50 or more employees within 75 miles
Job Protection	Yes
Leave Reasons	<ul style="list-style-type: none"> • Employee's own serious health condition • Bonding • Care for family member with Serious Health Condition • Family Military exigencies • Care of service member/veteran with serious illness/injury
Family Members	Yes (Parent/Child/Spouse)
Includes Bonding?	Yes
Benefit Amount AWW = average weekly wage	Unpaid
Maximum Benefit	Unpaid
Duration	12 weeks/26 weeks (care of servicemember) in a 12-month period
Funding Mechanism AWW = average weekly wage	NA

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California

Summary of California Paid Family Leave Law

Effective Date	2004
Employee Eligibility	<ul style="list-style-type: none"> • Unable to perform regular or customary work due to need to care for seriously ill family member or to bond with new child • Earned at least \$300 from which SDI deductions were withheld
Job Protection	No (but may be available under FMLA, CFRA and other state laws)
Available for Family Members	<p>Yes</p> <ul style="list-style-type: none"> • Parent/Child/Grandparent/Grandchild • Sibling/Spouse/Domestic Partner (DP)/Parent of DP or Spouse
Leave/Benefit Reasons	<ul style="list-style-type: none"> • Bonding • Care for family member • Family military exigency (effective 1/1/21)
Benefit Amount AWW = average weekly wage	60% or 70% (based on income level)
Maximum Benefit	• Effective 1/1/2020: \$1,300/wk. (\$50/wk min. benefit)
Duration	6 weeks; 8 weeks effective 7/1/2020 (included in 52 wks total for PFL & SDI - no waiting period)
Funding Mechanism	Employee-funded thru payroll deductions; 1.0% of the first \$122,909 in wages for 2020 (PFL and SDI)

Summary of California State Disability Insurance (SDI) Benefits

Effective Date	1946
Employee Eligibility	Employee must have earned at least \$300 from which SDI deductions were withheld during the Base Period. The Base Period is 5 to 15 months prior to the date the disability began. For example, a disability beginning on Feb 1 the Base Period is the 12 months ending on the last September 30th.
Benefit	60% or 70% of "Base Period earnings" (the highest quarterly earnings during a period up to 18 months prior to the disability) based on the employee's earnings. Maximum Benefit is 52 times the weekly benefit. 2019 the maximum weekly benefit was \$1,252. 2020 the maximum weekly benefit is \$1,300. Seven day waiting period for disability benefits. No waiting period for Paid Family Leave benefits as of 1/1/2018. Weekly benefits for California Paid Family Leave are the same as the weekly benefit for California State Disability Benefits.
Funding	Employee-paid; 2020 cost is 1.0% of the first \$122,909 in annual earnings with a maximum annual cost of \$1,229.09. Percentage applied to taxable wages can change annually.
Administration	State administers claims; private plans ("Voluntary Plans") are permitted. Voluntary Plans may be insured or self-insured but must be approved by the director of the EDD; also, a majority of employees must consent in writing. Voluntary Plans must be equal to the minimum requirements of the State Disability Insurance (SDI) Plan and provide at least one right or benefit that is greater than those provided by SDI.

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Connecticut

Summary of Connecticut Paid Family and Medical Leave Law

1/1/21 Premium Start Date and 1/1/22 Benefits Start Date

Administration	The statute creates an "authority" comprised of 15 appointed board members to oversee creation of the PFML program
Covered Employee	Has earned \$2,325 during the employee's highest earning quarter within the base period (first 4 of 5 most recent quarters) AND: <ul style="list-style-type: none"> • Is presently employed OR • Was employed within previous 12 weeks OR • Is self-employed or a sole proprietor and has enrolled in the program
Covered Employers	All private employers, regardless of size Does not cover: <ul style="list-style-type: none"> • The federal government • The state, municipalities, or local or regional boards of education, except to the extent their employees are "covered public employees" • Nonpublic elementary or secondary schools
Total Leave Entitlement	<ul style="list-style-type: none"> • 12 weeks per 12-month period • Additional 2 weeks for pregnancy-related serious health condition • 26 weeks for care of ill/injured servicemember
Leave/Benefit Reasons	<ul style="list-style-type: none"> • Employee's own serious health condition • Family member serious health condition • Bonding (birth, adoption, foster care) • Organ or bone marrow donation • Family Military exigencies • Care of seriously ill/injured servicemember • Matters related to being a victim of family violence
Covered Family Relationships	<ul style="list-style-type: none"> • Spouse • Sibling (related by blood, marriage, adoption, or foster care placement) • Son or daughter (no age limit) (biological, adopted, foster child, stepchild, legal ward, or a child of a person standing <i>in loco parentis</i>) • Grandparent (related by blood, marriage, adoption, or foster care placement) • Grandchild (related by blood, marriage, adoption, or foster care placement) • Parent (biological, foster, adoptive, step, in-law, legal guardian of the employee or the employee's spouse; <i>in loco parentis</i>) • An individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships
Leave Year Calculation Methods	<ul style="list-style-type: none"> • Calendar year • Any fixed 12-month period • Measured forward • Rolling back • Care of ill/injured servicemember (measured forward only)
Leave Increments	Continuous, reduced schedule, intermittent

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Connecticut (continued)

Summary of Connecticut Paid and Medical Family Leave Law (continued)

Employee Documentation	Certification from Health Care Provider for employee's or family member's serious health condition or for care of servicemember
Claims Procedures	<ul style="list-style-type: none"> • 2nd & 3rd opinion process allowed if employer has reason to doubt the validity of the employee's medical certification • Recertification allowed on a reasonable basis but generally not more often than 30 days
Employer Notice to Employees	General notice of employee's CT PFML rights upon hire, and then annually
Employee Notice to Employer	30 days if need for leave is foreseeable As soon as practicable if not foreseeable
Employee contributions	<ul style="list-style-type: none"> • Start 01-01-2021 • Maximum 1/2% of employee's wages up to maximum compensation subject to SS contribution • No employer contribution
Weekly Benefits	<p>Start 01-01-2022</p> <p>95% of employee's base weekly earnings up to:</p> <ul style="list-style-type: none"> • 40 x current state minimum wage plus • 60% of employee's base weekly earnings above 40 times current state minimum wage • Maximum of 60 x current state minimum wage <p>Subject to reduction if needed to ensure solvency of the PFML program</p> <p>Predicted to be ~\$780/week when benefits start; up to ~\$900 in 2023 due to scheduled increases in state minimum wage</p>
Private Plan Option	<p>Section 11 of the Connecticut PFML law allows employers to adopt an insured or self-funded private plan. To be approved, a private plan must:</p> <p>(A) Confer all of the same rights, protections and benefits provided to employees under the PFML statute, including:</p> <ul style="list-style-type: none"> (i) At least the same number of weeks of benefits; (ii) At least the same level of wage replacement for each of those weeks; and (iii) Leave and benefits for the same reasons as specified in the statute; <p>(B) Impose no additional conditions or restrictions on the use of family or medical leave beyond those explicitly authorized by the statute or by regulations to be issued;</p> <p>(C) Cost employees no more than the premium charged to employees under the state program;</p> <p>(D) Provide coverage for all employees throughout their period of employment;</p> <p>(E) Provide for the inclusion of future employees;</p> <p>(F) Not result in a substantial selection of risks adverse to the Family and Medical Leave Insurance Trust or otherwise significantly endanger the solvency of the fund;</p> <p>(G) Have been approved by a majority vote of the employer's employees; and</p> <p>(H) Meet any additional requirements established by the authority.</p>

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Summary of Hawaii Temporary Disability Insurance Law

Effective Date	1969
Employee Eligibility	Employee must have been in covered employment with any Hawaii employer for at least 14 weeks with remuneration of 20 or more hours in each week, and earned wages of at least \$400 during the 52 weeks immediately preceding the first day of disability.
Benefit	58% of average weekly wage, rounded to the next higher dollar. Maximum weekly benefit of \$632 in 2019. Increase to \$650 in 2020, correlated with the State unemployment insurance maximum. Benefits payable from the eighth day of disability for a maximum duration of 26 weeks in a benefit year.
Cost	Employer may pay the entire premium cost or share it with the employee. Shared cost; the maximum 2020 employee cost is 0.5% of the first \$1,119.44 of employee's weekly wages; thus, maximum weekly employee cost is \$5.60. Employer is required to pay at least ½ plan costs.
Administration	No State administration of claims. Employers must insure or self-insure. Benefits must be actuarially equivalent to the mandated benefits. Insured and self-insured plans are required to have claims offices situated in Hawaii to process claims and pay benefits.

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Summary of Massachusetts Paid Family & Medical Leave

Effective Date	10/1/19 for Premium Contributions / 01/01/21 for Benefits (Except for family member Serious Health Condition / 6/7/21 to 7/1/21 for family member SHC)
Employee Eligibility	<ul style="list-style-type: none"> • Employee has been paid wages in the base period amounting to at least 30 times the weekly benefit rate • "Base period" is the last 4 completed calendar quarters immediately preceding the first day of an individual's benefit year • Includes former employees if above eligibility is met and within 26 weeks of separation • Includes independent contractors (1099) if eligibility is met
Job Protection	Yes
Leave/Benefit Reasons	<ul style="list-style-type: none"> • Own Serious Health Condition (SHC) • Family Member Serious Health Condition • Bonding • Family Military Exigency • Ill or Injured Servicemember
Covered Family Members	Spouse/Child/Parent/Parent-in-law (including parent of domestic partner)/Grandchild/Grandparent/Sibling/Domestic Partner
Benefit Amount AWW = average weekly wage	<ul style="list-style-type: none"> • 80% of portion of employee's AWW equal to or less than 50% of state AWW, plus • 50% of portion of employee's AWW greater than 50% of state AWW
Maximum Benefit	<ul style="list-style-type: none"> • 64% of AWW, with total cap of \$850/week • Subject to annual adjustment every October 1, effective the next January 1
Duration	<p>Duration in 12-Month Period:</p> <ul style="list-style-type: none"> • Medical leave (employee's SHC): 20 weeks • Family leave (bonding, care for family member with SHC, military exigency): 12 weeks • Care for a seriously ill or injured service member: 26 weeks • Aggregate maximum of 26 weeks in a benefit year
Funding Mechanism AWW = average weekly wage	<ul style="list-style-type: none"> • Employees and employers both contribute to premium • Maximum wages subject to premium contributions based on SSA wage limit – (\$132,900 in 2019) • Adjusted annually starting October 1, 2021, effective the next January 1 • Initial rate = Total of 0.75% for 2019 of employee's AWW apportioned as follows: 0.62% Medical Leave/0.13% Family Leave • Premium for medical leave (employee's own SHC): <ul style="list-style-type: none"> – Employee pays not more than 40% of total premium – Employer pays 60% or balance • Premium for family leave: Employee pays 100% • Employers with fewer than 25 employees in Massachusetts don't have to pay employer share of medical leave contributions • Independent contractors ("self-employed individuals") responsible for own contributions

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Summary of New Jersey Family Leave Insurance

Effective Date	2009
Employee Eligibility	<ul style="list-style-type: none"> • In the 12 months prior to a claim: Worked at least 20 weeks earning \$220 or more per week, OR • Earned at least \$11,000
Job Protection	No (but may be available under FMLA and/or NJ Family Leave Act)
Available for Employee Own Illness/Injury	No
Available for Family Members	Yes (Parent/Child/Spouse/Registered domestic partner/Civil union partner/sibling, grandparent, grandchild, any other individual related to the employee by blood, and any other individual with a close association with the employee equivalent to a family relationship)
Includes Bonding?	Yes
Benefit Amount	85% of the employee's average weekly wage up to a maximum of \$881.00 per week
Maximum Benefit	85% of the employee's average weekly wage up to a maximum of \$881.00 per week
Duration	Continuous leave: 12 weeks (84 days) during a 12 month period. Intermittent leave: 8 weeks (56 days) in a 12 month period. Maximum of 12 weeks in a 12 month period for all leaves continuous and/or intermittent.
Funding Mechanism AWW = average weekly wage	100% employee-funded through payroll tax, no employer funding. For 2020: .16% on the first \$134,900 wage limit. Maximum Annual - \$215.84

Summary of New Jersey Temporary Disability Benefits Law

Effective Date	1948
Employee Eligibility	Employee must work for a covered employer in NJ and have worked at least 20 "base weeks" during the past 52 weeks immediately preceding the week in which the disability began. A "base week" means any calendar week during which an individual earned not less than \$220 from a covered employer.
Benefit	<p>July 1, 2020 through December 31, 2020 - 85% of average weekly wage, up to a maximum of \$881.00</p> <p>January 1, 2021 through June 30, 2021 - 85% of the average weekly wage, up to a maximum of \$903.00</p>
Partial Disability	Effective 6/17/20 a partial disability provision will be added, which provides a partial benefit to insureds whose employers allow them return to work on a reduced basis while recovering from their disability. In this case, the weekly benefit amount paid to the insured would be the difference between the insured's earned wages and benefits that he or she receives while working on a reduced basis and the amount they would have received if totally disabled. The insured must have been totally disabled first and receiving full benefits for a least 7 consecutive days prior to claiming partial benefits. The maximum duration of benefits is up to 12 weeks.
Cost	For those plans where employee contributions are required, the new maximum contribution rate allowed will be .47% of the taxable wage base. This is an increase from the previous rate of .26%.
Administration	State administers claims. Private plans are permitted; must be as liberal as state plan in eligibility requirements, benefit amounts, and duration.

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Summary of New York Paid Family Leave

Effective Date	2018
Employee Eligibility	<ul style="list-style-type: none"> • Employees scheduled for 20 hours or more per week are eligible after 26 weeks of employment • Employees working less than 5 days a week are eligible after 175 days worked
Job Protection	Yes
Leave/Benefit Reasons	<ul style="list-style-type: none"> • Family Member's Serious Health Condition • Bonding • Family Military Exigencies
Covered Family Members	Spouse/Domestic partner/Parent/Parent In-law/Child/Grandparent/Grandchild
Benefit Amount AWW = average weekly wage	2021 and thereafter workers will receive 67% of AWW
Maximum Benefit	2021: \$971.61
Duration	<ul style="list-style-type: none"> • 2021 (and thereafter): 12 weeks • Maximum duration for PFL and DBL combined is 26 weeks in a consecutive 52 week period
Funding Mechanism AWW = average weekly wage	<ul style="list-style-type: none"> • 100% Employee funded through payroll deductions • For 2021, 0.511% of wages (not applicable to wages in excess of \$1,450.17/wk)

Summary of New York Disability Benefits Law

Effective Date	1949
Employee Eligibility	Employees or recent employees of a "covered" employer, who have worked at least 4 consecutive weeks. An employer of one or more persons on each of 30 days in any calendar year becomes a "covered" employer 4 weeks after the 30th day of such employment. Employees who change jobs from one "covered" employer to another "covered" employer are protected from the 1st day on the new job. Generally, an eligible employee does not lose protection during the first 26 weeks of unemployment, provided he/she is eligible for and is claiming unemployment insurance benefits. Part-time and full-time employees are covered if they have worked for 4 weeks.
Benefit	50% of average weekly wage during the last four weeks prior to last day worked; maximum weekly benefit of \$170 (eff.5/1/89). Maximum Benefit is 26 times the weekly benefit during a 52-week period. Seven day waiting period. Benefits paid on a 5-day week.
Cost	Shared cost; the maximum employee cost is .5% of the first \$120 of the employee's weekly wages; the maximum weekly employee cost is \$0.60. Majority of the expense is born by Employer, if not all. For Paid Family Leave, the 2018 employee cost is 0.126% up to an annual cap of \$85.56.
Administration	Employers insure or self-insure.

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Summary of Oregon Paid Family & Medical Leave

Effective Date	Contributions start 01/01/2022 Benefits start 01/01/2023
Employee Eligibility	During the Base Year or Alternate Base Year: <ul style="list-style-type: none">• Earned at least \$1,000 in wages and• Contributed to the state PFML Insurance Fund Base Year: First 4 of the last 5 completed calendar quarters preceding the benefit year (not yet defined) Alternate Base Year: Last 4 completed calendar quarters preceding the benefit year <i>Other covered individuals include, under certain circumstances, self-employed individuals and employees of a tribal government</i>
Covered Employers	All private employers
Total Leave Entitlement	<ul style="list-style-type: none">• 12 paid weeks for all covered leave reasons in a benefit year• 2 additional paid weeks for limitations related to pregnancy, childbirth, or a related medical condition (including lactation)• 4 additional weeks unpaid for any reason covered by Oregon Family Leave Act (employee's SHC, family member SHC, mildly ill child, bonding, bereavement) Maximum total: 18 weeks per benefit year (14 paid, 4 unpaid)
Leave Reasons	<ul style="list-style-type: none">• Employee's own serious health condition• Family member serious health condition• Bonding (birth adoption, foster care)• Safe Leave (matters related to employee or minor child being a victim of domestic violence, harassment, sexual assault, or stalking) Specifically excludes other leave reasons covered by OFLA (sick child, bereavement, military exigencies)
Family Members	<ul style="list-style-type: none">• Spouse• Domestic partner• The following relations to the employee or employee's spouse or domestic partner (includes biological, adoptive, step, foster, legal ward/guardian, <i>in loco parentis</i>):<ul style="list-style-type: none">– Sibling– Child– Parent– Grandparent– Grandchild• Any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship
Leave Year Calculation Methods	"Benefit year" – a 12-month period to be defined by regulations
Leave Increments	Benefits payable for leave taken in increments equivalent to 1 work day or 1 work week <ul style="list-style-type: none">• Not clear if employee can take shorter increments and add them up to equal 1 day or 1 week• Increments of 1 work day may be taken in nonconsecutive periods of leave
Employee Documentation	Not yet determined; Director will establish rules for submitting claims

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Summary of Oregon Paid Family & Medical Leave (continued)

Employee Notice to Employer	<ul style="list-style-type: none"> • Written notice 30 days in advance for foreseeable leave • Less than 30 days' notice if leave is not foreseeable (examples: unexpected serious health condition of employee or family member, premature birth, unexpected placement for adoption or foster care, or safe leave) • If employee commences leave without prior notice, must give oral notice within 24 hours and written notice within 3 days • Advance notice for safe leave not required if not feasible
Employer Notices to Employees	<ul style="list-style-type: none"> • Employer must provide written notice to employees of the duties and rights of an eligible employee • Notice must be in the language the employer typically uses to communicate with the employee • Director shall provide a model notice for employers' use
Employee Rights	<ul style="list-style-type: none"> • For employees employed 90 days or more before leave, reinstatement to same or equivalent position <ul style="list-style-type: none"> – Based on business necessity, employers with fewer than 25 employees may restore employee to a different position with similar duties and same benefits and pay • Maintenance of health benefits during leave under same conditions as if actively working
Employee/Employer Contributions	<ul style="list-style-type: none"> • Start January 1, 2022 • Contribution rate to be set by Director of OR Employment Department • Total rate for employer and employee contributions may not exceed 1% of employee wages <ul style="list-style-type: none"> – Subject to maximum of \$132,900 of employee's wages, subject to annual adjustment • Of total rate, employer pays 40% and employee pays 60% • Employers with fewer than 25 employees are exempt from paying employer contribution <ul style="list-style-type: none"> – But if a small employer elects to pay the employer contribution, is eligible for grants from the state
Benefits	<p>Benefits start 01-01-2023</p> <ul style="list-style-type: none"> • Maximum Benefit = 120% of state AWW • Minimum benefit = 5% of state AWW • Employees who make 65% or less than the state AWW are paid 100% • Employees who make greater than 65% of state AWW are paid: <ul style="list-style-type: none"> – 100% of 65% of the of the state AWW, plus; – 50% of the employee's AWW over 65% of the state AWW
Private Plan	"Equivalent plan" that provides equal or greater benefits and protections
Concurrency with Other Leave Laws	<p>Leave taken under PFML is</p> <ul style="list-style-type: none"> • Concurrent with FMLA and OFLA • In addition to paid sick time under ORS §653.606
Interaction with Other Employer Benefits	<ul style="list-style-type: none"> • Leave taken under PFML is in addition to paid vacation or other paid time off earned by the employee • Employer may allow employee to use paid sick time, vacation leave or other paid leave earned by the employee to replace wages up to 100% of employee's AWW

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Summary of Puerto Rico Temporary Disability Insurance Law

Effective Date	1968
Employee Eligibility	Employee must have earned at least \$150 in wages during base year (in any one of the first four of last five consecutive calendar quarters immediately preceding date on which application for benefits is filed).
Benefit	Approximately 65% of regular weekly wage; maximum weekly benefit of \$113 (\$55 for agricultural workers) (eff. 1/1/96); Maximum duration is 26 weeks. Maternity benefit of 100% pay for eight weeks to be paid by employer in advance of leave. Seven day waiting period – first day hospitalization. No waiting period for certain unemployed people or for maternity claims.
Cost	Shared cost; employees may be charged up to 50% of the Plan's costs, but not more than 0.3% of the first \$9,000 of the employee's annual wages; the maximum annual employee cost is \$27.00.
Administration	State administers claims. Private plans are permitted; must be as liberal as state plan in eligibility requirements, benefit amounts, and duration. Contribution levels may not exceed those of state plan.

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Summary of Rhode Island Temporary Caregiver Insurance

Effective Date	2014
Employee Eligibility	<ul style="list-style-type: none"> • Unable to work for at least 7 consecutive days due to need to care for a seriously ill family member or to bond with a new child • Must have worked in RI and paid into the TDI fund
Job Protection	Yes
Available for Employee Own Illness/Injury	No
Available for Family Members	<ul style="list-style-type: none"> • Child • Parent • Spouse • Domestic partner • Parent-in-law • Grandparent
Includes Bonding?	Yes
Benefit Amount AWW = average weekly wage	Weekly benefit rate is 4.62% of the wages paid to employee in the highest quarter of employee's Base Period (about 60% of AWW)
Maximum Benefit	Effective 7/1/2019:\$867.00/week, or \$1,170 for up to 5 dependents
Duration	4 weeks
Funding Mechanism AWW = average weekly wage	100% employee-funded thru payroll deductions <ul style="list-style-type: none"> • Employees contribute 1.2% of first \$68,100 (about \$817.20 max/year)

Summary of Rhode Island Temporary Disability Insurance Act

Effective Date	1942
Employee Eligibility	Employee or recent employees of an employer subject to TDI laws. Employee must have earned at least \$12,600 in either a Base Period or Alternate Base Period OR earned at least \$2,100 in one of the Base Period quarters; earned total Base Period wages of at least 1 ½ times highest single quarter earnings, AND earned total Base Period wages of at least \$4,200. The earnings requirements are the same for both an employee's own period of Temporary Disability Insurance (TDI) and an employee's period of Temporary Caregiver Insurance (TCI).
Benefit	Effective January 5, 2014, individual's eligible for Rhode Island Temporary Disability (TDI) benefits may be eligible for benefits under the new Temporary Caregiver Insurance (TCI) Program. The TCI benefit is 4 times the individual's weekly benefit. Any time taken for TCI will reduce the duration of an individual's maximum TDI benefit. July 1, 2019–July 5, 2020 maximum weekly benefit for the Benefit Year is \$867. The minimum weekly benefit after July 1, 2019 is \$98. Maximum TDI benefit is 30 times the weekly benefit. Maximum TCI benefit is 4 times the weekly benefit. Time taken for TCI benefits Dependent benefits are also provided and are equal to the greater of \$10 per week or 7% of the participant's weekly benefit for each dependent child (not to exceed five). Maximum weekly benefit with dependents is \$1,170. Effective 7/1/2012 there is no waiting period; however, the individual must be unemployed for at least 7 days due to a non-job related illness or injury. Previously employee had to be out for 28 days before retro benefits began.
Cost	Employee-paid. 2019 employee cost is 1.1% of taxable wage base of \$71,000. Maximum contribution is \$781 for 2019. Please note: Rhode Island announces changes to its TDI benefit amount in July. However, changes to the taxable wage base and tax rate are made in January. So, the previous year's benefit rate continues until at least July of the following year, but the taxable wage base and tax rate may change in January.
Administration	State administers claims. Private plans are not allowed. Benefit year is the 12-month period beginning the first Sunday in July.

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Washington, D.C.

Summary of Washington, D.C. Universal Paid Leave

Effective Date	Employer Contributions: 7/1/19 Benefits Begin: 7/1/20
Employee Eligibility	<ul style="list-style-type: none">• Employee spends over 50% of his/her working time working in DC• During some or all of the 52 calendar weeks immediately preceding the qualifying event for which paid leave is being taken
Job Protection	No but DC FMLA law still in effect
Leave Reasons	<ul style="list-style-type: none">• Employee's own illness/injury• Bonding• Care for family member
Covered Family Members	Child/Parent/Parent-in-law/Spouse/Grandparent/Sibling/Registered domestic partner
Benefit Amount AWW = average weekly wage	During the paid leave period, eligible individuals who earn 150 percent of the D.C. minimum wage or less will receive 90 percent of their average weekly wage. Eligible individuals who earn over 150 percent of the D.C. minimum wage will receive 90 percent of their average weekly wage, plus 50 percent of the amount by which their regular earnings exceed the D.C. minimum wage
Maximum Benefit	2020: \$1,000/week
Duration	<ul style="list-style-type: none">• 2 weeks: own illness/injury• 8 weeks: parental/bonding• 6 weeks: caring for seriously ill family member• 8 Weeks total combined leaves per 52 week period
Funding Mechanism AWW = average weekly wage	Payroll tax of 0.62 percent of all wages paid to eligible individuals. Beginning on July 1, 2019, D.C. will collect taxes from covered employers, to be remitted to a D.C. government-administered fund

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Washington State

Summary of Washington State Washington Paid Family Leave

Effective Date	1/1/2020
Employee Eligibility	<ul style="list-style-type: none"> • Must work 820 hours in the “qualifying period,” defined as the first 4 of the prior 5 calendar quarters; OR • If the employee is not yet eligible, the preceding 4 calendar quarters • Equates to about 15.75 hours per week
Job Protection	Yes
Leave Reasons	<ul style="list-style-type: none"> • Employee’s own serious health condition • Bonding • Family member serious health condition • Family military exigencies
Covered Family Members	Child (any age)/Parent/Spouse/State-registered domestic partner/Sibling/Grandparent/Grandchild
Benefit Amount AWW = average weekly wage	<ul style="list-style-type: none"> • Employees who make 50% or less than the state’s average weekly wage (AWW) will receive 90% of their AWW • Employees who make greater than 50% of the state’s AWW will receive: <ul style="list-style-type: none"> – 90% of 50% of the state’s AWW; PLUS – 50% of the difference between the employee’s AWW and half of the state AWW
Maximum Benefit	2020: \$1,000/week
Duration	<ul style="list-style-type: none"> • 12/14 weeks: own serious health condition • 12 weeks: bonding, care for family member or military exigency • Maximum 16/18 weeks combined medical leave and family leave • Additional 2 weeks is for pregnancy complications
Funding Mechanism AWW = average weekly wage	<ul style="list-style-type: none"> • For 2019 and 2020, the total premium is 0.4 percent of the employee’s wages up to SSA wages annually (\$132,900 for 2019), capped at the state’s AWW, beginning on January 1, 2019. Annual adjustments may be made thereafter • Premium for family leave is 1/3 of total premium; Employee pays all • Premium for medical leave (Employee’s own serious health condition) is 2/3 of total premiums; Employee pays 45%. Employer pays 55%

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